

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/913558**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
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TOTAL IND.	1											
TOTAL DEP.	16											
TOTAL CLAIMS	17											
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS